

## ADVANCE DEPOSIT HARDSHIP WAIVER

(Last Name)	(First Name)	(Middle Initial)
(Street Address)	(City)	(State) (Zip)
Mountains Recreation and Conservation Authority		
(Citation Number)	(Issuing Agency)	(License Plate #)
I hereby request a waiver of required bail deposit and that the proceedings on my citation continue for the following reasons:		

### PLEASE COMPLETE THE FOLLOWING:

<b>1. Employment</b> <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Student <input type="checkbox"/> Homemaker <input type="checkbox"/> Military <input type="checkbox"/> Other	<b>2. Supported by:</b> <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Parents <input type="checkbox"/> Welfare <input type="checkbox"/> S.S.I <input type="checkbox"/> A.D.C. <input type="checkbox"/> Unemployed <input type="checkbox"/> Other	<b>3. Persons supported:</b> <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Children (# of) _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Total _____
--	---	--

4. Your NET income (after taxes): \$ \_\_\_\_\_ every \_\_\_\_\_ week(s)

5. If unemployed, months of unemployment used \_\_\_\_\_ Occupation \_\_\_\_\_

<b>6. Assets (Value)</b> <table style="width: 100%;"> <tr><td><input type="checkbox"/> Home</td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/> Property</td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/> Savings Account</td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/> Checking Account</td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/> Cash on Hand</td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/> All Others</td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/> Total Assets</td><td style="text-align: right;">\$</td></tr> </table>	<input type="checkbox"/> Home	\$	<input type="checkbox"/> Property	\$	<input type="checkbox"/> Savings Account	\$	<input type="checkbox"/> Checking Account	\$	<input type="checkbox"/> Cash on Hand	\$	<input type="checkbox"/> All Others	\$	<input type="checkbox"/> Total Assets	\$	<b>7. Monthly Expenses</b> <table style="width: 100%;"> <tr><td><input type="checkbox"/> Rent/ Mortgage</td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/> Utilities</td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/> Loans/Credit Cards</td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/> Food /Clothing</td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/> Transportation</td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/> Medical/Dental</td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/> All Others</td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/> Total Expenses</td><td style="text-align: right;">\$</td></tr> </table>	<input type="checkbox"/> Rent/ Mortgage	\$	<input type="checkbox"/> Utilities	\$	<input type="checkbox"/> Loans/Credit Cards	\$	<input type="checkbox"/> Food /Clothing	\$	<input type="checkbox"/> Transportation	\$	<input type="checkbox"/> Medical/Dental	\$	<input type="checkbox"/> All Others	\$	<input type="checkbox"/> Total Expenses	\$
<input type="checkbox"/> Home	\$																														
<input type="checkbox"/> Property	\$																														
<input type="checkbox"/> Savings Account	\$																														
<input type="checkbox"/> Checking Account	\$																														
<input type="checkbox"/> Cash on Hand	\$																														
<input type="checkbox"/> All Others	\$																														
<input type="checkbox"/> Total Assets	\$																														
<input type="checkbox"/> Rent/ Mortgage	\$																														
<input type="checkbox"/> Utilities	\$																														
<input type="checkbox"/> Loans/Credit Cards	\$																														
<input type="checkbox"/> Food /Clothing	\$																														
<input type="checkbox"/> Transportation	\$																														
<input type="checkbox"/> Medical/Dental	\$																														
<input type="checkbox"/> All Others	\$																														
<input type="checkbox"/> Total Expenses	\$																														

8. If a fine is imposed, how much could you afford to pay each month? \$ \_\_\_\_\_

Signature: \_\_\_\_\_

WAIVER OF BAIL:	GRANTED <input type="checkbox"/>	DENIED <input type="checkbox"/>
(SIGNATURE)	(DATE)	

2600 Franklin Canyon Drive-Beverly Hills, California 90210